



Division of Technology Services

DEVELOPMENT AND APPLICATION SUPPORT

Comprehensive Survey Tool

Provider User Guide for DDRS

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1.0 Introduction – The Comprehensive Survey Tool

The Comprehensive Survey Tool (CST) is a Web-based tool that you can use to:

- Review survey findings.
- Enter a Corrective Action Plan (CAP).
- Upload and view documents.
- Work with a submitted CAP.

1.1. Product Support

Use of the CST requires that you possess a unique login username and password that is assigned to you by the Provider Representative for your organization. If you encounter an issue regarding the login process, contact this individual.

After login, if you encounter a problem with this product, or if you have a question or recommendation regarding this user guide, contact the Development and Application Support (DAS) Help Desk team at:

DTS-DAS@fssa.IN.gov

A member of the DAS Help Desk team will contact you to address the issue.

1.2. How to Obtain a Provider Representative Login

If you are the Provider Representative for an organization and you need a user name and password, contact the DAS Help Desk team at:

DTS-DAS@fssa.IN.gov

A member of the DAS Help Desk team will send you the user name and password information.

1.3. Product Comments or Feedback

Providers are encouraged to send feedback on the automated CST to:

B2ISHelp@fssa.in.gov

2.0 Overview – Reviewing and Entering a Corrective Action Plan (CAP)

1. Navigate to the Provider Website at <https://ddrsprovider.fssa.in.gov/BDDS/>.
2. Log in by using your username and password.
3. Click the **Survey List** link under the **CST** menu on the left side of the screen.
4. Search for the survey by using the search option or pick the survey from the list of surveys.
5. Click **Findings** next to a survey that contains **New** in the **Status** column. The system displays a list of findings.
6. Locate the finding you want to view from the list.
7. Click the **View** hyperlink under the **CAP** column next to the finding you want to view.
8. Complete the information in the **For Provider Only** section of the screen (all fields are required).
9. Click the **Save** button to save what's been entered without submitting the CAP.
10. Click the **Submit** button to submit the CAP.

2.1 Viewing Survey Findings

This section of the *Provider CST User Guide for DDRS* describes how to view survey findings.

Navigate to the Provider Website at:

<https://ddrsprovider.fssa.in.gov/BDDS/>.

Log in by using your username and password.

Click on the **Survey List** link under the **CST** menu (*Figure 1*) on the left side of the screen.

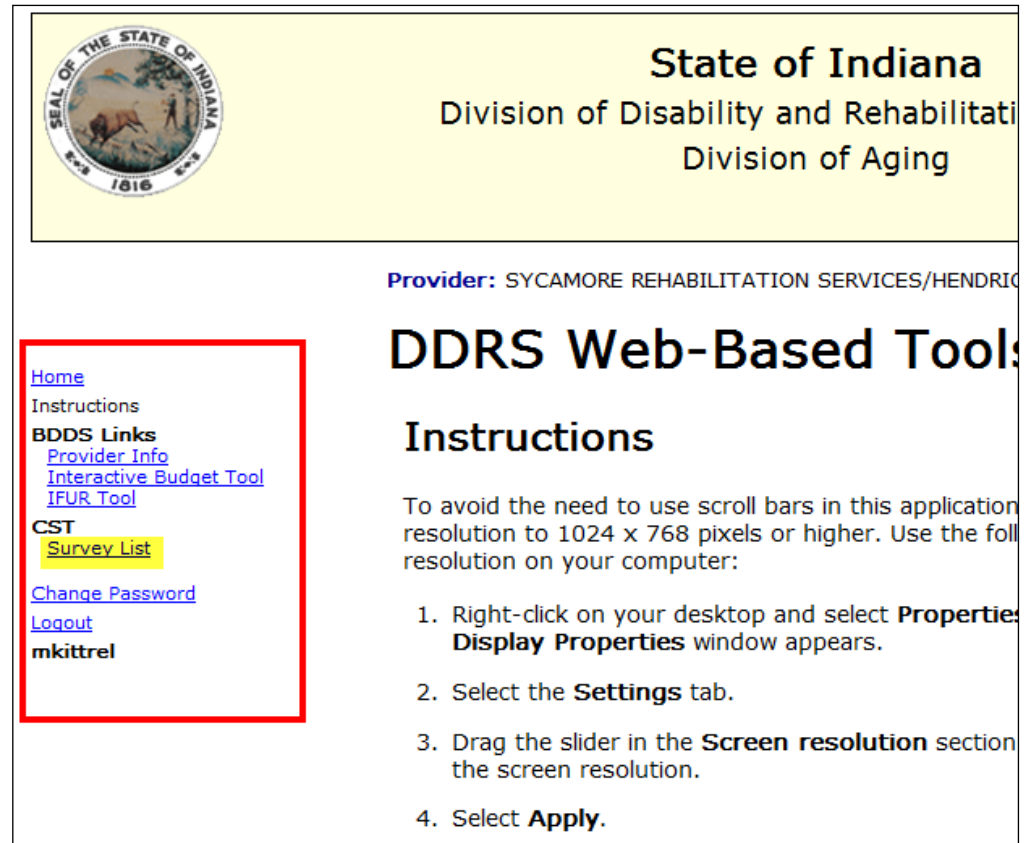


Figure 1 - CST Survey List Link


The **Survey List** screen appears, as shown in *(Figure 2)*.

State of Indiana

Division of Disability and Rehabilitative Services

Division of Aging

Comprehensive Survey Tool



Provider: SYCAMORE REHABILITATION SERVICES/HENDRICKS COUNTY ARC, INC.

[Survey List](#)

Survey List

Client Last Name

Client First Name

Survey Name

Search

Client Name	Survey ID	Status			
Flintstone, Pebbles	23902	CAP Needed	Findings	Documents	Schedule

Figure 2 - Survey List Screen

2.2 Search Option to Find a Survey

There is a search option on the **Survey List** screen (*Figure 3*) that allows you to search for a survey based on one or more of the following pieces of information for the client:

- Last Name
- First Name
- Survey Name

For Example To locate a survey based on a client's first name and the first two letters of the client's last name, you would enter the information into the **First Name** field and the **Last Name** field.



The screenshot shows the 'Comprehensive Survey Tool' interface. At the top, it says 'Provider: SYCAMORE REHABILITATION SERVICES/HENDRICKS COUNTY ARC, INC'. Below this is a 'Survey List' link and a 'Search option' button. A red box highlights the search area, which includes three input fields: 'Client Last Name', 'Client First Name', and 'Survey Name', followed by a 'Search' button. Below the search area is a table with columns 'Client Name', 'Survey ID', and 'Status'. The first row of data shows 'Flintstone, Pebbles', '23902', and 'MP Needed'.

Client Name	Survey ID	Status
Flintstone, Pebbles	23902	MP Needed

Figure 3 - Survey Search Option

Once you've entered the search criteria, click the **Search** button (*Figure 4*) to display a list of surveys that meet the search criteria (*Figure 5*).

Comprehensive Survey Tool

Provider: SYCAMORE REHABILITATION SERVICES/HENDRICKS COUNTY ARC, INC.

[Survey List](#)

Survey List Search button

Client Last Name Client First Name Survey Name

Flintstone Search

Client Name	Survey ID	Status
Flintstone, Pebbles	23902	CAP Needed

Figure 4 – Search for a Survey

State of Indiana
Division of Disability and Rehabilitative Services
Division of Aging
Comprehensive Survey Tool

Provider: SYCAMORE REHABILITATION SERVICES/HENDRICKS COUNTY ARC, INC.

[Survey List](#)

Survey List

Client Last Name Client First Name Survey Name

List of surveys meeting the search criteria

Client Name	Survey ID	Status	Findings	Documents	Schedule
Flintstone, Pebbles	23902	CAP Needed	Findings	Documents	Schedule

Figure 5 - List of Surveys

2.3 The Findings Link

The list of surveys displays the:

1. Client Name
2. Survey ID
3. Survey Status

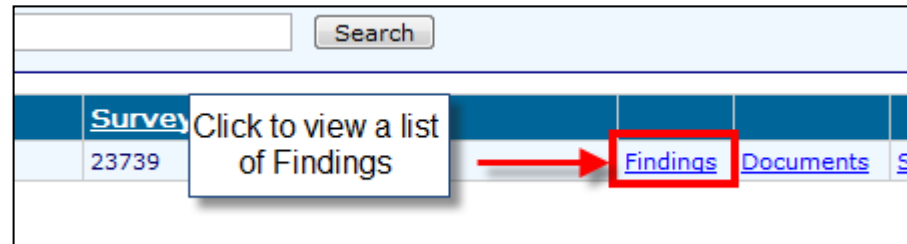


Figure 6 - Findings Link


For Example The survey **Status** reflects that a CAP is needed and that there are findings. To see the findings for the survey, click the **Findings hyperlink (Figure 6)**.



2.4 List of Findings

When the **List of Findings** screen opens, a list of relevant **Survey Details** is displayed just below the Provider's name (*Figure 7*).

State of Indiana
 Division of Disability and Rehabilitative Services
 Division of Aging
 Comprehensive Survey Tool



Provider: SYCAMORE REHABILITATION SERVICES/HENDRICKS COUNTY ARC, INC.

[Survey List](#)

List of Findings
Survey Details

Survey Detail

Survey ID:	23902
Survey Status:	CAP Needed
Client Name:	Flintstone, Pebbles
Waiver:	SSW
Surveyor Name:	Demo Surveyor
Coordinator Name:	Demo Coordinator
Date IST Met (DDRS Only):	
Comprehensive CAP completion due date:	10/14/2009
Comprehensive CAP reviewed by case manager due date:	10/14/2009
Date Comprehensive CAP reviewed and locked by Case Manager:	
Date Comprehensive CAP closed by surveyor:	

Vendor ID	Provider	Survey Name	Indicator ID	Finding Narrative	Service	Date CAP Entry Complete	Status	CAP
		DDRS Service		Findings entered for				

Figure 7 - List of Survey Findings - Survey Details

2.5 View CAP Link

Below the Survey Details the list of Survey Findings is displayed.

As a Provider, you can view findings for any of the providers displayed in the **Findings** window.


To enter a CAP for a finding, click the **View** link next to the finding (*Figure 8*).

Vendor ID	Provider	Survey Name	Indicator ID	Finding Narrative	Service	Date CAP Entry Complete	Status	CAP
574	SYCAMORE REHABILITATION SERVICES/HENDRICKS COUNTY ARC INC.	BQIS Person Centered Compliance Tool	I.A.1	Findings for test item one.			New	View
574	SYCAMORE REHABILITATION SERVICES/HENDRICKS COUNTY ARC INC.	BQIS Person Centered Compliance Tool	I.B.1	Findings for test item two.	FHG8		New	View
574	SYCAMORE REHABILITATION SERVICES/HENDRICKS COUNTY ARC INC.	BQIS Person Centered Compliance Tool	I.C.1.	Findings for test item three.	FHG8		New	View

Figure 8 - List of Survey Findings - View Link

2.6 CAP Details Screen

State of Indiana
 Division of Disability and Rehabilitative Services
 Division of Aging
 Comprehensive Survey Tool



Provider: SYCAMORE REHABILITATION SERVICES/HENDRICKS COUNTY ARC, INC.

[Survey List](#)

CAP Details [Back to Findings](#)

Survey ID:	23902
Survey:	BQIS Person Centered Compliance Tool
Client Name:	Flintstone, Pebbles
Provider:	ALLIANCE HOME HEALTH SERVICES INC.
Vendor ID:	14
Service:	RSPO
Indicator ID:	I.A.1
Survey Question:	The individual's support team gathers information about the individual's preferences, personal goals, needs and abilities to develop the individual's support plan.
Finding Narrative:	Findings entered for Alliance Home Health Services - RSPO
CAP Status:	New
Date CAP Entry Complete:	
Date CAP Locked:	
Date Accepted:	
Date Denied:	
Denied Reason:	

For Provider Only
 Date Closed/Rejection: _____

Figure 9 - CAP Details Screen

The upper portion of the **CAP Details** screen (*Figure 9*) displays the following fields:

- | | | | | |
|---------------|-------------|---------------------|---------------------------|-----------------|
| • Survey ID | • Provider | • Indicator ID | • CAP Status | • Date Accepted |
| • Survey Name | • Vendor ID | • Survey Question | • Date CAP Entry Complete | • Date Denied |
| • Client name | • Service | • Finding Narrative | • Date CAP Locked | • Denied Reason |

Beneath this section of the screen is the **For Provider Only** section (*Figure 10*). This area is where the provider enters all the elements of the CAP. To enter information into a field, click in the field with your mouse.

For Provider Only

Date Planned Implementation:

Title of Responsible Person:

Name of Responsible Person:

Corrective Action Plan:

Enter information into the yellow highlighted fields.

Save Submit

Figure 10 - Enter CAP in For Provider Only Section

Click the **Save** button to save what's been entered without submitting the CAP.

Save Submit

Click the **Submit** button to submit the CAP.

Figure 11 - CAP Details Screen - Save and Submit Buttons

2.7 Findings Screen

Once the CAP has been submitted, the status on the **Findings** screen will change from **New** to **Submitted** with the date that the CAP was submitted (*Figure 12*).

Date Comprehensive CAP closed by surveyor:								
<u>Vendor ID</u>	<u>Provider</u>	<u>Survey Name</u>	<u>Indicator ID</u>	<u>Finding Narrative</u>	<u>Service</u>	<u>Date CAP Entry Complete</u>	<u>Status</u>	<u>CAP</u>
14	ALLIANCE HOME HEALTH SERVICES INC.	BQIS Person Centered Compliance Tool	I.A.1	Findings entered for Alliance Home Health Services - RSPO	RSPO		New	View
574	SYCAMORE REHABILITATION SERVICES/HENDRICKS COUNTY ARC INC.	BQIS Person Centered Compliance Tool	I.A.1	Findings for test item one.	FHG8	10/5/2009	Submitted	View
574	SYCAMORE REHABILITATION SERVICES/HENDRICKS COUNTY ARC INC.	BQIS Person Centered Compliance Tool	I.B.1	Findings for test item two.	FHG8		New	View
574	SYCAMORE REHABILITATION SERVICES/HENDRICKS COUNTY ARC INC.	BQIS Person Centered Compliance Tool	I.C.1.	Findings for test item three.	FHG8		New	View

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Figure 12 – Findings Screen with CAP Submitted Status

3.0 Uploading and Viewing Documents

Providers have the ability to upload documents to the CST system via the Provider Website.

3.1 Upload a Document

To upload a document, the provider navigates to the [Survey List](#).

Once the **Survey List** appears, click on the **Documents** link (*Figure 13*) to view or upload documents to the Provider Website.

State of Indiana
 Division of Disability and Rehabilitative Services
 Division of Aging
Comprehensive Survey Tool



Provider: SYCAMORE REHABILITATION SERVICES/HENDRICKS COUNTY ARC, INC.

[Survey List](#)

Survey List

Client Last Name
Client First Name
Survey Name

Client Name	Survey ID	Status			
Flintstone, Pebbles	23902	CAP Needed	Findings	Documents	Schedule

Figure 13 - Documents Link

To upload a document click the **Upload document** button (*Figure 14*) to display the **Document Upload** window (*Figure 15*).

State of Indiana
Division of Disability and Rehabilitative Services
Division of Aging
Comprehensive Survey Tool

Provider: SYCAMORE REHABILITATION SERVICES/HENDRICKS COUNTY ARC, INC.

[Survey List](#)

Documents

Survey ID: 23902
Client Name: Flintstone, Pebbles
Vendor ID: 574
Provider: SYCAMORE REHABILITATION SERVICES/HENDRICKS COUNTY ARC INC. ▼

No documents found.

☒ **Upload document**

Click the **Upload document** button to upload documents from your computer to the CST system.

Figure 14 – Upload Document Button

[Survey List](#)

Documents

Survey ID: 23902
Client Name: Flintstone, Pebbles
Vendor ID: 574
Provider: SYCAMORE REHABILITATION SERVICES/HENDRICKS COUNTY ARC INC. ▼

No documents found.

☒ **Upload document**

Document upload window

Document Type
Select ▼

Document Description
Select a document to upload.

Figure 15 – Document Upload Window

Select a document type from the drop-down menu (*Figure 16*).

[Survey List](#)

Documents

Survey ID: 23902
Client Name: Flintstone, Pebbles
Vendor ID: 574
Provider: SYCAMORE R. ENDRICKS COUNTY ARC INC. ▼

No documents found.

Upload document

Document Type

Select ▼

Select

Behavior Support Plan

Credentialing Policy

Criminal Background Check

Data Collection Documents

Mealtime or Dining Plan

Browse...

Figure 16 - Document Type Drop-down Menu

Type a description of the document in the **Document Description** field (*Figure 17*).

[Survey List](#)

Documents

Survey ID: 23902
Client Name: Flintstone, Pebbles
Vendor ID: 574
Provider: SYCAMORE REHABILITATION SERVICES/HENDRICKS COUNTY ARC INC. ▼

No documents found.

Upload document

Document Type
Select ▼

Document Description
Type a description of the document in this field

Select a document to upload.

Browse...

Upload File

Figure 17 - Document Description Field

Select the **Browse** button to open the **Choose File** window (*Figure 18*).

Use the **Choose File** window to locate and select a document on your computer to upload to the CST system.

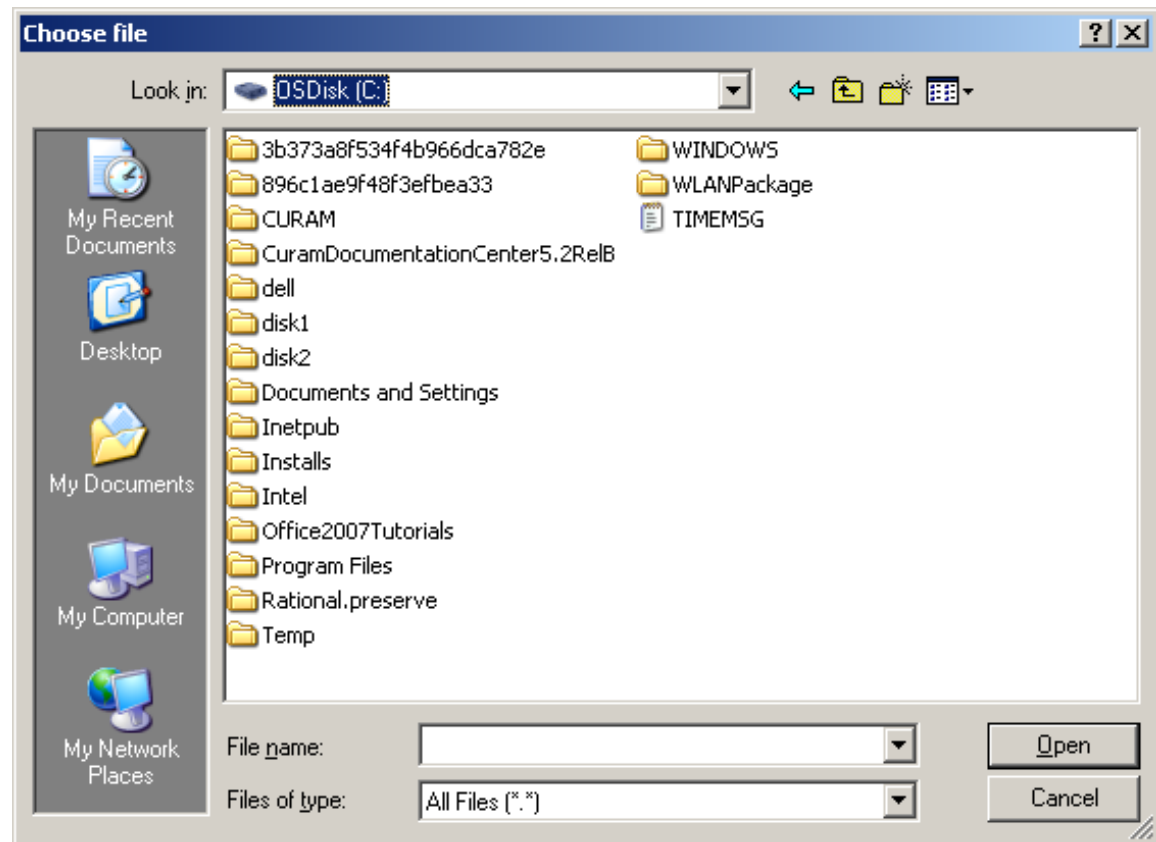


Figure 18 – Choose File Window

Once you've selected the document to be uploaded, click the **Upload File** button (*Figure 19*).

[Survey List](#)

Documents

Survey ID: 23902
Client Name: Flintstone, Pebbles
Vendor ID: 574
Provider: SYCAMORE REHABILITATION SERVICES/HENDRICKS COUNTY ARC INC. ▼

No documents found.

Upload document

Document Type
Behavior Support Plan ▼

Document Description
Type a description of the document in this field

Select a document to upload.
My Documents/Test Document 1.doc Browse...

Upload File

Figure 19 - Upload File Button


When the document has been successfully uploaded, it will appear in the list of uploaded documents (*Figure 20*).

State of Indiana

Division of Disability and Rehabilitative Services

Division of Aging

Comprehensive Survey Tool



Provider: SYCAMORE REHABILITATION SERVICES/HENDRICKS COUNTY ARC, INC.

[Survey List](#)

Documents

Survey ID: 23902
 Client Name: Flintstone, Pebbles
 Vendor ID: 574
 Provider: SYCAMORE REHABILITATION SERVICES/HENDRICKS

Type	Document Description	Document Name	Date Upload		
Behavior Support Plan	This is a test document	Provider Test Document 1.doc	10/2/2009	View	Delete

List of uploaded documents

Upload document

Document Type
 Select ▼

Document Description

Select a document to upload.

Document uploaded.

Figure 20 - List of Uploaded Documents

3.2 View an Uploaded Document

To view the uploaded document, click the **View** button. The **File Download** dialog box (*Figure 21*) appears asking whether you want to Open or Save the file. Click the **Open** button to open and view the document.

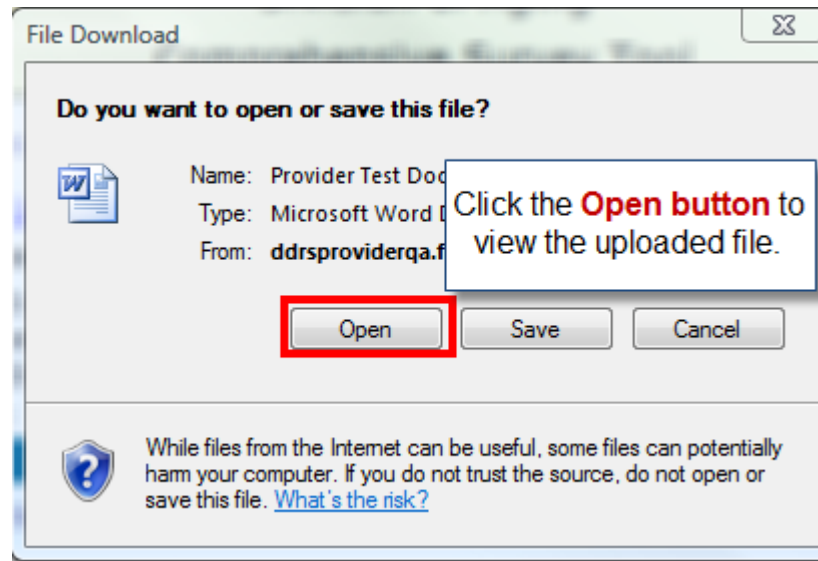



Figure 21 – File Download Dialog Box

3.3 Delete an Uploaded Document

On the List of uploaded documents screen (*Figure 22*) click the **Delete** link next to the document you wish to delete.

State of Indiana
 Division of Disability and Rehabilitative Services
 Division of Aging
 Comprehensive Survey Tool



Provider: SYCAMORE REHABILITATION SERVICES/HENDRICKS COUNTY ARC, INC.

[Survey List](#)

Documents

Survey ID: 23902
 Client Name: Flintstone, Pebbles
 Vendor ID: 574
 Provider: SYCAMORE REHABILITATION SERVICES/HENDRICKS

Type	Document Description	Document Name	Date Upload		
Behavior Support Plan	This is a test document	Provider Test Document 1.doc	10/2/2009	View	Delete

Upload document

Document Type
 Select ▼

Document Description

Select a document to upload.

Document uploaded.

Figure 22 - List of Uploaded Documents Screen - Delete Link

A warning message (*Figure 23*) appears on the webpage. If you want to delete the document, click the **OK** button.

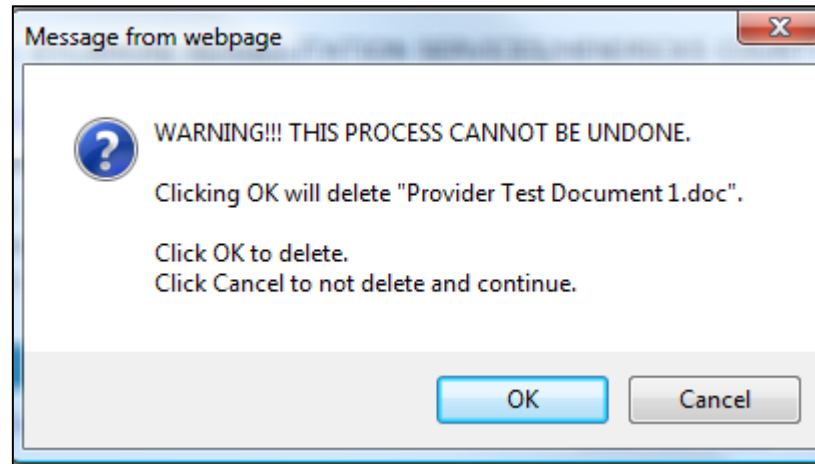


Figure 23 - Warning Message

4.0 Overview – (Case Manager) Working with Submitted CAPs

1. Navigate to the Provider Website at <https://ddrsprovider.fssa.in.gov/BDDS/>
2. Log in as a Case Manager by using your username and password.
3. Click the **Review Submitted CAPs** link under the **CST** menu on the left side of the screen.
4. Search for the survey by using the search option or pick the survey from the list of surveys.
5. Click **Findings** next to the survey whose findings you want to review. The system will display a list of findings.
6. Locate the finding you want to view from the list.
7. Click the **View** hyperlink under the **CAP** column next to the finding you want to review.
8. After reviewing a CAP, navigate to the **For Case Manager Only** section of the screen.
9. Enter one or more notes in the **Case Manager Notes** field.
10. Click the **CAP Reviewed** check box.
11. Click the **Save** button to save the Case Manager notes and to indicate that a Case Manager reviewed the CAP.
12. To e-mail the CAP, click the **Email CAP to your supervisor if required** link to open an e-mail form.
13. Enter the recipient's name in the **To:** field on the e-mail form.
14. Enter a message into the **Body:** field on the e-mail form.
15. Click the **Send CAP** button. The “**CAP was successfully emailed to recipient**” confirmation message appears below the E-mail form.
16. When the Case Manager or Provider Representative completes the review of submitted CAPs in the Survey List, click the **Submit Reviewed CCAP** button to notify the surveyor.

4.1 Review CAPs (Case Manager/Provider Representative)

Navigate to the Provider Website at <https://ddrsprovider.fssa.in.gov/BDDS/>.

Log in by using your Case Manager or Provider Representative username and password.

Click on the **Review Submitted CAPs** link under the **CST** menu (*Figure 24*) on the left side of the screen.

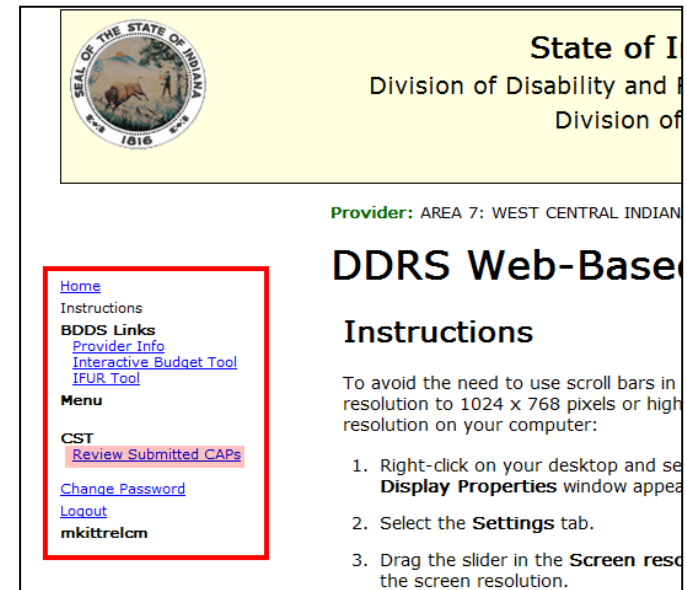


Figure 24 - Review Submitted CAPs

The **Survey List** screen appears (*Figure 25*).

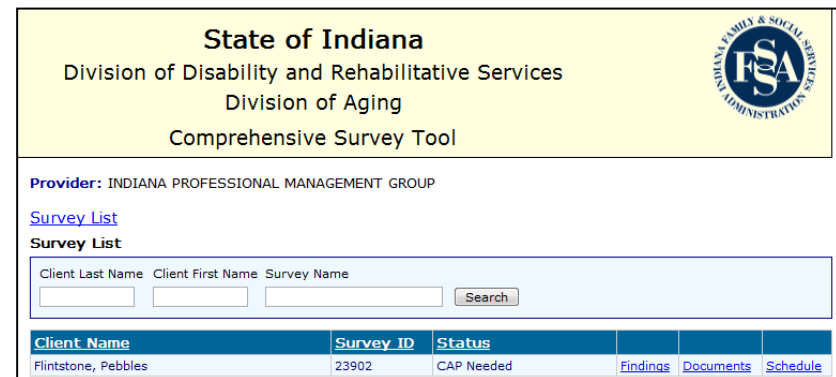


Figure 25 - Survey List

4.2 Use the Search Option to Find a Survey

There is a search option on the **Survey List** screen (*Figure 26*) that allows you to search for a survey based on one or more of the following pieces of information for the client:

- Last Name
- First Name
- Survey Name

The screenshot shows the 'Comprehensive Survey Tool' interface. At the top, it says 'Provider: INDIANA PROFESSIONAL MANAGEMENT GROUP'. Below that is a link for 'Survey List'. A red box highlights the 'Search option' area, which includes a 'Survey List' label and a search form. The search form has three input fields labeled 'Client Last Name', 'Client First Name', and 'Survey Name', followed by a 'Search' button.

Figure 26 - Search Option

For Example If you wanted to locate a survey based on a client's first name and the first two letters of the client's last name, you would enter the information into the **First Name** field and the **Last Name** field.



Once you've entered the search criteria click the **Search** button (*Figure 27*) to display a list of surveys that meet the search criteria (*Figure 28*).

Provider: INDIANA PROFESSIONAL MANAGEMENT GROUP

[Survey List](#)

Survey List

Client Last Name Client First Name Survey Name

Flintstone

Search button

Search

Figure 27 - Search for a Survey

State of Indiana
Division of Disability and Rehabilitative Services
Division of Aging
Comprehensive Survey Tool

Provider: INDIANA PROFESSIONAL MANAGEMENT GROUP

[Survey List](#)

Survey List

Client Last Name Client First Name Survey Name

List of Surveys meeting the search criteria

Client Name	Survey ID	Status	Findings	Documents	Schedule
Flintstone, Pebbles	23902	CAP Needed	Findings	Documents	Schedule

Figure 28 - List of Surveys Meeting the Search Criteria

4.3 The Findings Link

The list of surveys displays the:

- Client Name
- Survey ID
- Survey Status

For Example The survey **Status** reflects that a CAP is needed and that there are findings. To see the findings for the survey, click the **Findings** hyperlink (*Figure 29*).

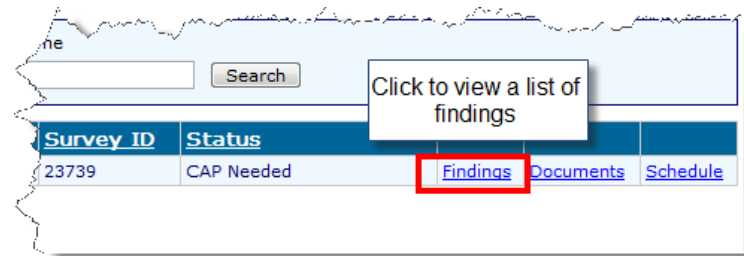



Figure 29 - Survey Status

4.4 List of Findings

When the **List of Findings** screen opens, a list of relevant **Survey Details** is displayed just below the Provider's name (*Figure 30*).

State of Indiana
 Division of Disability and Rehabilitative Services
 Division of Aging
 Comprehensive Survey Tool



Provider: INDIANA PROFESSIONAL MANAGEMENT GROUP

[Survey List](#)

List of Findings

Survey Details

Survey Detail

Survey ID:	23902
Survey Status:	CAP Needed
Client Name:	Flintstone, Pebbles
Waiver:	SSW
Surveyor Name:	Demo Surveyor
Coordinator Name:	Demo Coordinator
Date IST Met (DDRS Only):	Case Manager must enter team meeting date here: <input type="text"/> <input type="button" value="Save"/>
Comprehensive CAP completion due date:	10/14/2009
Comprehensive CAP reviewed by case manager due date:	10/14/2009
Date Comprehensive CAP reviewed and locked by Case Manager:	
Date Comprehensive CAP closed by surveyor:	

Vendor ID	Provider	Survey Name	Indicator ID	Finding Narrative	Service	Date CAP Entry Complete	Status	CAP
				Findings entered				

Figure 30 – Survey Details

Below the **Survey Details** the list of **Survey Findings** is displayed.

As a Provider, you can view findings for any of the providers displayed in the **Findings** window.

To review a CAP for a finding, click the **View** link next to the finding (*Figure 31*).

Vendor ID	Provider	Survey Name	Indicator ID	Finding Narrative	Service	Date CAP Entry Complete	Status	CAP
14	ALLIANCE HOME HEALTH SERVICES INC.	BQIS Person Centered Compliance Tool	I.A.1	Findings entered for Alliance Home Health Services - RSPO	RSPO		New	View
574	SYCAMORE REHABILITATION SERVICES/HENDRICKS COUNTY ARC INC.	BQIS Person Centered Compliance Tool	I.A.1	Findings for test item one.			Submitted	View
574	SYCAMORE REHABILITATION SERVICES/HENDRICKS COUNTY ARC INC.	BQIS Person Centered Compliance Tool	I.B.1	Findings for test item two.	FHG8	10/5/2009	Submitted	View
574	SYCAMORE REHABILITATION SERVICES/HENDRICKS COUNTY ARC INC.	BQIS Person Centered Compliance Tool	I.C.1.	Findings for test item three.	FHG8		New	View

Figure 31 - View Link

4.5 Enter Case Manager Notes

After reviewing a CAP, navigate to the **For Case Manager Only** section of the screen (*Figure 32*) to enter Case Manager notes.

Click the **CAP Reviewed** check box.

Click the **Save** button to save the Case Manager notes and add an indicator that confirms the Case Manager reviewed the CAP (*Figure 33*).

For Provider Only

Date Planned Implementation: 10/27/2009

Title of Responsible Person: Coordinator

Name of Responsible Person: J. Smith

Corrective Action Plan: This is a test corrective action plan for indicator I.A.1.3.

For Case Manager Only

Case Manager Notes: Step 1

CAP Reviewed: ☐ Step 2

Save Step 3

☒ Email CAP to your supervisor if required...

Figure 32 - Enter Case Manager Notes

For Case Manager Only

Case Manager Notes: This is an example of Case Manager Notes

CAP Reviewed: ☒ Notes saved.

☒ Email CAP to your supervisor if required...

Figure 33 - Case Notes Entered, CAP Reviewed and Saved

4.6 Email a CAP

To e-mail the CAP with the Case manager's notes, click the **Email CAP to your supervisor if required** link to open an e-mail form.

Once the email form is displayed (*Figure 34*) enter the recipient's name in the **To:** field on the form.

Enter a message into the **Body:** field on the form.

Click the **Send CAP** button to email the CAP to the recipient.

For Case Manager Only

Case Manager Notes:

CAP Reviewed: ☐

Email CAP to your supervisor if required...

From:

To: (Use commas to separate e-mail addresses)

Subject: 23902 - PF - BQIS Person Centered Compliance Tool

Body:

Figure 34 - Email a CAP with Case Manager Notes

A CAP was successfully emailed to recipient confirmation message (*Figure 35*) appears below the E-mail form.

Body:

This is a test emailed CAP

Send CAP

CAP was successfully e-mailed to BQIS.notifications@gotoipmg.com, j.richendollar@gotoipmg.com

Figure 35 – CAP Email Confirmation Message

When the Case Manager or Provider Representative completes the review of submitted CAPs in the Survey List, click the **Submit Reviewed CCAP** button (*Figure 36*) to notify the surveyor that the CAPs have been reviewed.

	INC.	Compliance Tool		RSPO				
574	SYCAMORE REHABILITATION SERVICES/HENDRICKS COUNTY ARC INC.	BQIS Person Centered Compliance Tool	I.A.1	Findings for test item one.	FHG8	10/5/2009	Submitted	View
574	SYCAMORE REHABILITATION SERVICES/HENDRICKS COUNTY ARC INC.	BQIS Person Centered Compliance Tool	I.B.1	Findings for test item two.	FHG8	10/5/2009	Submitted	View
574	SYCAMORE REHABILITATION SERVICES/HENDRICKS COUNTY ARC INC.	BQIS Person Centered Compliance Tool	I.C.1.	Findings for test item three.	FHG8		Reviewed	View

For Case Manager / Supervisor

When you are done reviewing the list of submitted CAP(s) above you must click "Submit Reviewed CCAP" button to notify the surveyor.

Submit Reviewed CCAP

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Figure 36 - Submit Reviewed CCAP

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